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P349 A REPRODUCIBLE SENSOR PATTERN TO SUSPECT COVID19 PULMONARY INFECTION WITH LATITUDETM. CASE REPORT AND LITERATURE REVIEW

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A 78 year-old patient with post-ischaemic dilated cardiomyopathy and severely reduced ejection fraction was implanted with a Boston Scientific RESONATE X4 CRT-D and followed by LATITUDETM remote monitoring platform. From the end of January to the end of March 2021 he was hospitalized for COVID19 pneumonia followed by two episodes of acute heart decompensation. We remotely followed the patient and identified a specific Heart Logic sensor pattern linked to the COVID19 pneumonia: an increase of the thoracic impedance combined with an increase of the respiratory rate (RR), S1 heart sound and the nocturnal heart rate (nHR). This pattern differed from the one linked to the subsequent episodes of heart failure, characterized by a decrease of the thoracic impedance and of S1 heart sound combined with a high RR and nHR. We eventually made a literature review on the topic and found that our observations were in line with what was published: an increase in the thoracic impedance in association with an increase in the RR and a decrease in the activity level was present in the majority of published COVID19 patients followed by LATITUDETM remote monitoring platform. Furthermore a recent comparative study found that the thoracic impedance was significantly higher in COVID-19 patients as compared with acute HF patients, suggesting an underlying pathophysiological mechanism related to pulmonary infection. The present case and the literature review show that LATITUDETM remote monitoring algorithm may become a useful tool to remotely detect SARS-CoV-2 infection, distinguish it from HF and lead to an early hospitalisation for symptomatic patients or to a simple home monitoring.

